

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004903</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/08/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELL OAKS PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 WYNTREE DR</b> <b>NEWBURGH, IN 47630</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00149822 and Complaint IN00151873.</p> <p>Complaint IN00149822 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00151873 - Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: July 7 and 8, 2014</p> <p>Facility number: 004903 Provider number: 004903 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: Residential: 37 Total: 37</p> <p>Census payor type: Other: 37 Total: 37</p> <p>Sample: 8</p> <p>Bell Oaks Terrace was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00149822 and Complaint IN00151873.</p> <p>Quality review completed on July 9, 2014 by Jodi Meyer, RN</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE